KY EXCEL Membership Application

Return this completed form along with the appropriate membership checklist and its attachments to:

KY EXCEL
Division of Compliance Assistance
14 Reilly Road
Frankfort, KY 40601
1-800-926-8111

I.   APPLICANT INFORMATION

1. Organization Name: _____

2. Street Address: _____

    _____

3. Mailing Address (If different from above): _____

4. County: _____

5. Provide a brief description of your organization. If your organization is a business, include any NAICS codes used to classify your facility:

    _____

    _____

    _____

    _____

6. How many individuals does your organization employ? _____

7. Organization's Website: _____

II.   CONTACT INFORMATION

8. Contact Name: _____

9. Contact Title: _____

10. Contact Mailing Address: _____

11. Phone: _____   11. Fax: _____

12. E-mail: _____

III.   MEMBERSHIP REQUESTED

13. Type of Application: _____   New Membership

                               _____   Membership Renewal

14. Select the membership level being requested:

    _____   Advocate   _____   Leader

    _____   Partner   _____   Master

Complete the appropriate membership checklist form and include it and its attachments with this application

APPLICATION INSTRUCTIONS

Section I.   Applicant Information

1. **Organization Name:** Enter the name of your business, industry, or organization applying for membership. If you are applying as an individual, enter your first and last name.

2. **Street Address:** List the street address (physical location) of the organization.

3. **Mailing Address:** List the mailing address for your organization if it is different than the street address listed in Number 2.

4. **County:** List the county where the organization is located.

5. **Organization Description:** Provide a brief narrative about your organization. If your organization is a business, include any North American Industry Classification System (NAICS) codes used to classify your business. If multiple codes are used to classify your business, include all of the appropriate codes but indicate the code that would best serve as the "primary" classification of your organization. A list of NAICS codes can be found at www.census.gov/epcd/www/naicstab.htm.

6. **Employees:** List the number of employees that work for your organization.

7. **Website:** If your organization has a website, enter the website address.

SECTION II. CONTACT INFORMATION

8. **Contact Name:** Enter the name of the contact person for the organization for inquiries regarding this application or your KY EXCEL membership.

9. **Contact Title:** Provide the title of the organization's contact person.

10. **Contact Mailing Address:** List the mailing address for the organization's contact person.

11. **Phone:** List the phone number of the organization's contact person.

12. **Fax:** List the fax number of the organization's contact person.

13. **E-mail:** List the e-mail address of the organization's contact person.

SECTION III. MEMBERSHIP REQUESTED

14. **Type of Application:** Indicate whether the application is for a new membership or for a membership renewal.

15. **Membership Level Requested:** Select the type of membership being requested. Additional information on membership levels can be found at www.dca.ky.gov/KYEXCEL.